
LOCAL MEDICAL EMERGENCY

PURPOSE

To provide guidelines to pre-hospital care providers and personnel regarding the treatment and transportation of patients during a declared Local Medical Emergency (see definition).

POLICY

It shall be the policy of pre-hospital care providers and personnel to follow the procedures and guidelines outlined below in regards to the treatment and transportation of patients during a declared Local Medical Emergency.

DEFINITION

Local Medical Emergency: For the purposes of this policy, a Local medical Emergency shall exist when a “local emergency”, as that term is used in government Code Section 8630, has been proclaimed by the governing body of a city or the county, or by an official so designated by ordinance.

ENACTMENT OF PROTOCOL

The following procedures shall apply during a Local Medical Emergency:

1. A public safety agency of the affected jurisdiction shall notify the County Communications Center of the proclamation of a local emergency, and shall provide information specifying the geographical area that the proclamation affects.
2. The Communications Center shall notify:
 - a. The County Health Officer/Designee;
 - b. The County Sheriff’s Department;
 - c. Area pre-hospital provider agencies; and
 - d. Area hospitals
3. This protocol shall remain in effect for the duration of the declared Local Medical Emergency or until rescinded by the County Health Officer (Operational Area Medical Coordinator) or his/her designee.

MEDICAL CONTROL

1. ALS and BLS personnel may function within their Scope of Practice as established in the standard Practice Protocols without base hospital contact
2. No care will be given unless the scene is secured, and safe for EMS personnel
3. When possible patients should be transported to the most appropriate facility (outside the affected area), or staging area
4. Transporting agencies may utilize BLS units for patient transport as dictated by transport resource availability. In cases where no ambulance units are available, personnel will utilize the most appropriate method of transportation at their disposal
5. Patients too unstable to be transported outside the affected area should be transferred to the closest secured appropriate facility
6. County Communications Center should be contacted on the MED NET frequency for patient destination by the transporting unit

7. Base Hospital contact criteria outlined in protocol #14009 is suspended. When possible the receiving facility should be contacted with following information once enroute:
 - a. ETA
 - b. Number of patients
 - c. Patient status: Immediate, delayed or minor
 - d. Brief description of injury
 - e. Treatment initiated

DOCUMENTATION

Provider and transporting agencies may utilize approved triage tags as the minimum documentation requirement. The following conditions will apply:

1. One corner to be kept by the jurisdictional public safety agency. A patient transport log will also be kept indicating time, incident number, patient number (triage tag), and receiving facility
2. One corner to be retained by the transporting agency. A patient log will also be maintained indicating time, incident number, patient number (triage tag), and receiving facility
3. Remaining portion of triage tag to accompany patient to receiving facility which is to be entered into the patient's medical record
4. All Radio communication Failure reports and trauma medic and endotracheal intubation evaluation forms may be suspended for duration of the Local Medical Emergency

All refusal of service will accompany ALS run report and signature of patient as scene safety allows

COUNTY COMMUNICATIONS CENTER

County communications Center will conduct a survey of the overall capability of each hospital to support patients in accordance with immediate and delayed categories. This information will be coordinated with appropriate fire/rescue zone dispatch centers and medical unit leaders in the field as needed

RESPONSIBILITIES OF THE RECEIVING FACILITIES

1. Receiving facilities upon notification by the County Communications Center of a declared Local Medical Emergency will provide hospital bed availability, and Emergency Department capabilities for immediate and delayed patients
2. Receiving facilities will provide the County Communications Center with hospital status every four hours, upon request, or when capacities are reached
3. Criteria for Hospital diversions are suspended
4. It is strongly recommended that receiving facilities establish a triage area in order to evaluate incoming emergency patients
5. In the event that incoming patients overload the service delivery capacity of the receiving hospital it is recommended that the hospital consider implementing their disaster plan
6. Saturated hospitals may request evacuation of stable in-patients. Movement of these patients should be coordinated by County Communications Center and in accordance with Armed Services Medical Regulation Office (ASMRO) system categories